PATENT

Atty. Docket No.: 2938 (203-3646)

B

FEB 0 8 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ánt(s): Chelsea Shields, et al.

Examiner: Aaron F. Roane

OTHER THAN

Serial No.:

10/718,379

Group: Art Unit 3739

Filed:

November 20, 2003

For:

ELECTRICALLY CONDUCTIVE/INSULATIVE OVER-SHOE FOR

TISSUE FUSION

Mail Stop: Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.
- [] A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.
- [] No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2)	(Col. 3) SMALL		L ENTITY	ENTITY		SMALL ENTITY	
			HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT.	OR	RATE	ADDIT. FEE	
TOTAL	31	MINUS	27	= 4	X 25	\$	x	50	\$ 200.00	
INDEP.	4	MINUS	4	= .0	X 100	\$	Х	200	\$ 0	
☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM X 180 \$							X 360		\$ O	
				ADDIT. F	TOTAL EE	\$ 200.00	OR T	OTAL	\$0	

^{*} If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on date below.

Dated: <u>2-6-07</u>

Mary Jo Milacek Milacek

^{**} If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

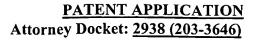
- [x] Please charge Deposit Account No. <u>21-0550</u> in the amount of \$<u>200.00</u>. Two (2) copies of this sheet are enclosed.
- [] A check in the amount of \$____ is enclosed.
- [X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. <u>21-0550</u>. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. <u>21-0550</u> therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,

Thomas A. Beaton Reg. No. 46,543

Attorney for Applicant(s)

United States Surgical A division of Tyco Healthcare Group LP 195 McDermott Road North Haven, CT 06473 303-581-6831



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REPLY PURSUANT TO 37 C.F.R. 1.111

Sir:

In response to the Office Action dated November 14, 2006, please amend this application as set forth hereinbelow.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 9 of this paper.

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Dated: 2-6-01

Man Jo Milacek